

Indiana Film Permit

This form must be completed in full.

Date: _____

Production Company: _____

Company Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____

Mobile: _____

Fax: _____

E-mail: _____

Production Contact: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Mobile: _____

Fax: _____

E-mail: _____

Producer Name: _____

Director Name: _____

Insurance Company: _____

Policy Number: _____

Liability Coverage Amount: _____

Production Information

Production Title/Product: _____

Type of Production:

- ☐ Feature Film
- ☐ Short Film
- ☐ Television Production
- ☐ Video

- ☐ Corporate Production
- ☐ Commercial
- ☐ Other: _____

Location/s:

Property Name: _____

County: _____

City: _____

Production dates: _____

Description of scenes you'll be shooting: _____

